		HC For use of	DATE OF REPORT												
NA	ME (	Last, First, Middle Initial)	GRADE												
SE	SERVICE AS (Check one)  YEAR														
INTERN: ROTATING STRAIGHT (Specify) RESIDENT FELLOW SPECIALTY															
NAME OF HOSPITAL PERIOD OF SERVICE COVERED BY REPORT															
					, month, year)	month, year) TO (Day, month, year)									
				SECTION	I A -	GENERAL MEDICAL	KN	OWLEDGE							
	1.	Is unable to discuss disease or pathologic processes with any confidence or			3. Consistently demonstrates adequate knowledge of disease processes.			Has considerable knowledge of disease and pathologic processes, and is able to accurately discuss most		5. Has extensive knowledge of medicine, is aware of controversial and unsolved areas and has intelligently					
		accuracy.						accurately discuss moderate areas of medicine.	ost	of	considered various aspects of these prob.				
	6.	Medical histories are totally inadequate for a physician at this	7.	SECTION  Medical histories demonstrate occasional	8.	Complete medical history obtained and recorded.	9.	<ol> <li>Complete and accurat medical history is neat recorded.</li> </ol>		av pe	Seeks information from all available sources. Records pertinent additions to a				
SCE		level of tng.		inadequacies and/or inaccuracies.						complete and accurate history.					
Ş				SECTION C	- PE	RFORMING PHYSIC	AĻ E	XAMINATION							
RFORM	11.	Physical examinations are totally inadequate for this level of tng.	12.	Physical examinations frequently demonstrate inadequacies & or inaccuracies.	13.	A thorough physical examination is consistently recorded.	14	<ul> <li>A complete &amp; unusua skillful physical examination is perform and recorded.</li> </ul>	í h	techniques in addition to					
12				SEC	стю	N D - DIAGNOSTIC	4CU	MEN							
PART I - CLINICAL PERFORMACNCE	16.	Fails to use available data, poor judgement in the selection of diagnostic procedures.	17.	Occasionally allows major gaps or excesses in diagnostic studies thru failure to adequately consider	18.	Synthesizes available data into an accurate differential diagnosis & is selective in choice of further studies.		9. Intelligently considers available information 8 uses sound judgment the selection & sequer of studies to arrive at a sequence.  1. Intelligently considers available information 8 sequer of studies to arrive at a sequence.  1. Intelligently considers available information 8 sequences.  2. Intelligently considers available information 8 sequences.  2. Intelligently considers available information 8 sequences.  3. Intelligently considers available information 8 sequences.  3. Intelligently considers available information 8 sequences.  4. Intelligently considers available information 8 sequences.  4. Intelligently considers available information 8 sequences.  5. Intelligently considers available information 8 sequences.  5. Intelligently considers available information 8 sequences.  6. Intelligently considers available information 8 sequences.  6. Intelligently considers available information 8 sequences.  7. Intelligently considers available information 8 sequences.  8. Intelligently considers available information 8 sequences.  9. Intelligently considers available information 8 sequ	& t in ence	co & of	onsistently derives the orrect diagnosis thru omprehensive knowledge intelligent interpretation carefully selected				
ARTI				the patient's problem.				accurate diagnosis.		dia	agnostic procedures.				
	SECTION E - PLANNING, IMPLEMENTING AND EVALUATING THERAPY														
	21.	Contributes little to initial patient evaluation & rarely suggests a modification of therapy, poor knowledge & ability in procedural techniques.	22.	Rarely suggests more than routine care, & failure to follow a patient closely has allowed lapses in therapy.	23.	Contributes to planning patient care & reevaluates patient frequently to initiate changes or implement therapy.	24. Initiates patient car an orderly & appropriate app		ate urse	juo ab int ma	nusually sound dgement & technical oility is reflected by his telligent & aggressive anagement of all attents under his care.				
	SECTION F - KEEPING MEDICAL RECORDS														
	26	Infrequent &	O. Neat & accurate	urate 30. Clear & comprehensive											
	20.	inaccurate notes on patient's progress.	27.	Occasional voids in the medical record.	20.	Maintains neat & accurate records at appropriate intervals.		progress notes are uniformly concise and informative.	F	re int	cords intelligently terpret all aspects of atient care.				
	SECTION G - FULFILLING ADMINISTRATIVE OBLIGATIONS														
RESPONSIBILITIES	31.	Has little knowledge or interest in hospital and/or army policies & regulations.	32.	Is frequently lax & inaccurate in completing & submitting administrative forms & documents.	33.	Consistently demonstrates willingness & initiative in complying with hospital & army regulations.	34	Has an excellent gras of administrative procedures. Initiates completes forms accurately & timely.	'	kn co ar pa pafi	knowledge & early completion of hospital & army forms expedites patient management & affords smooth				
I S										of	administrative functioning of the ward.				
ğ	SECTION H - INTEREST IN CONTINUED MEDICAL EDUCATION														
ASSUMING RESP	36.	No evidence of outside reading. Frequently misses required rounds & conferences.	37.	Little evidence of even text book knowledge of his patient's problems.	38.	Reads standard literature pertinent to his patient's problems. Attends required rounds, conferences & autopsies.		current knowledge ac relative to his patient's rou problems. su		n omnivorous reader ctively participates in unds & conferences, upports his statements ith accurate reference.					
SS															
	SECTION I - ESTABLISHING EFFECTIVE PHYSICIAN-PATIENT RELATIONSHIP														
PART II	41.	Avoids personal contact with patients & is frequently tactless.	42.	Is unskillful in eliciting or managing the personal & emotional problems of a patient.	43.	Is aware of the personal & emotional problems of each patient.	44	I. Is skillful in eliciting & dealing with the emotional & personal needs of patients & the families.		inf of the	xerts a very positive fluence upon the outlook his patients & enjoys e confidence of their milies.				

	SECTION J - ATTITUDE AND APPEARANCE														
	46.	often inappropriate or in behavior.			Occasionally boisterous or sullen, has little insight of problems of co-workers.		& respons behavior appearan		al position ibilities, & ce are	49.	Is unusually mature in his judgement & interpersonal relationships, is always courteous & well		50.	His maturity, behavior integrity & grooming are consistent with the highest ideals of the profession.	
							consistent appropriat			groomed.					
	SECTION K - WORKING WITH OTHERS														
- PERSONAL QUALITIES	51.	51. A malcontent who is the source of many complaints by hospital personnel.			Has little understanding of co-workers problems. Makes excessive demands & is not thoughtful of ways to make work groups function without friction.		53.	considera who respe	te person ects the oblems of	54.	Unusually cognizant of personnel & personality problems, his insight is helpful in establishing & maintaining a harmonious milieu.		55.	His perception & understanding of interpersonal relationships allows anticipation & correction of potential problem areas, thereby establishing an excellent working situation.	
SSC						SECTION L	LE	EADERSH	IIP AND RE	SPC	NSIBILITY				
PART III - PEF	56.	6. Totally passive, refuses to accept responsibility or initiative.			Assumes responsibility only when stimulated to do so.		58. Readily assumes responsibility & initiative, is respected by patients and co-workers.		ility & s by patients	59.	Consistently demonstrates skill, initiative & capability as a physician. Enjoys responsibility in all spheres.		60.	Aggressively assumes medical responsibilities, devotes time & energy selflessly to all duties. Is respected by his peers.	
9										•					
						CTION M - SELF-							-		
	61.	Has no concept of his inadequacies, & has ignored counselling.			knowle experie frequer misuse	ions in both sidge & ence have ntly led to e (too little or too of consultants.	63.	responsib proportion knowledge consultation	& assumes ilities ate to his e. Uses	64. Excellent insight into his own limitations & uses the proper consultant to aid in patient management as well as to benefit personally.			65.	Consistently demonstrates excellent judgment in his initiative, inquisitiveness, assumption of responsibility & the use of consultants.	
PART IV - OVERALL EVALUATION (Counselling With House Officer by Rater is Required)															
66. UNSATIS - 66. MARGINAL FACTORY				68. BELOW AVERAGE	69.	COMPETE	CTIVE & ENT	70. VERY 71			1. EXCEPTION- ALLY FINE		72. OUT- STANDING		
		x		x x x		xx xxxxxx xxxxxxxx	X XXXX XXXXXX XXXXXXXX XXXXXXXXXX XXXXXX			XX XXXX XXXXX XXXXXX		x	x x x x x		x
Performance fails to meet standards of acceptance. Rehabilitation is doubtful.			Lacks motivation, interest & capability. Performance is limited. Cannot continue without substantial improvement.			May continue in program, but performance is below standards.	Satisfactorily meets the stated objectives.			lev per mo sta	A continuing level of high performance in most aspects of stated objectives.  Performs outstanding most aspeciob. Initiativ leadership personality worthy of s notice.		cts of /e, & / are	his	Extremely rare. Excellence in everything. Performs far beyond his level of training.
						PART V - RECC	ММ	ENDATIC	N FOR ADI	OITIC	ONAL TRAINI	NG			
73. HIGHLY RECOMMEND AND WOULD ACCEPT FOR ADDITIONAL TRAINING IN:  74. WOULD ACCEPT FOR ADDITIONAL TRAINING IN							N: DO WELL IN A TRAINING CONSI				<b>IDER</b>	DULD NOT BE BERED FOR DNAL TRAINING IN:			
			P	ART	VI - NA	ARRATIVE DESC	RIP	TION OF	PERFORMA	NC	E AND PERS	ONAL QUA	LITI	ES	
NAME OF SERVICE CHIEF						SIGNATURE							DATE		
NAME OF DIRECTOR OF MEDICAL EDUCATION						SI	SIGNATURE						DAT	DATE	
APPROVED (Name of Hospital/Facility Commander)						SIGNATURE							DAT	E	

DA FORM 1970, MAY 2009 PAGE 2 OF 2